



State of Utah  
Department of Workforce Services  
**HOUSEHOLD INCOME DEFICIT STATEMENT**

**To be filled out for each adult household member or for each married couple if the client has:**

- No income; or
- Insufficient income to meet living expenses

Name: \_\_\_\_\_ For the Month & Year of: \_\_\_\_\_

**A. Check # 1 or # 2, then complete Section B**

- ☐ 1. I/We have not received earned or unearned income from any source during the month and year noted above. I/We also certify that I/we do not receive income from family or friends on a regular basis.

Reason for loss of income: \_\_\_\_\_

- ☐ 2. The income I/we received for the month was less than our living expenses.

**B. Check appropriate boxes and explain your situation below.**

In order to meet expenses for the month above I/we:

- |   |   |
|---|---|
| <input type="checkbox"/> Used Savings   | <input type="checkbox"/> Didn't pay any bills     |
| <input type="checkbox"/> Borrowed money | <input type="checkbox"/> Received money as a gift |
| <input type="checkbox"/> Other: _____   |   |

Explain your situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- C. Additional documentation may be required, especially if client has claimed zero income in multiple years. Examples of additional documentation include but are not limited to copies of bank statements for the past three months, a copy of last year's tax form 1040, completed and signed IRS Form 8821 or 4506-T, tax transcripts, and any other documentation deemed necessary. Failure to provide requested information by the date specified will result in denial of HEAT application.**

I am aware that providing false information to the HEAT program is grounds for denial of my application or may require that I repay in full any payment made in behalf of my household from the HEAT program. By signing below, I hereby acknowledge and understand the information provided in this statement is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Equal Opportunity Employer Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.